

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.

10/033,590

Confirmation No. 9202

Applicant

Jun Su

Filed

December 27, 2001

TC/A.U.

2818

Examiner

Mai Huong C. Tran

For

FLIP-CHIP OPTO-ELCTRONIC CIRCUIT

Docket No.

42390P13376

Customer No.:

008791

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action mailed on March 2, 2004, please amend the above-identified application as follows:

APR 0 2 2004
Described to

Application No. 10/033,590 TRANSMITTAL FORM Filing Date December 27, 2001 (to be used for all correspondence after initial filing) First Named Inventor Jun Su Art Unit 2818 **Examiner Name** Mai Huong C. Tran Total Number of Pages in This Submission 42390P13376 Attorney Docket Number **ENCLOSURES** (check all that apply) After Allowance Communication to Group Fee Transmittal Form Drawing(s) Appeal Communication to Board of Appeals and Interferences Fee Attached Licensing-related Papers Appeal Communication to Group Petition Amendment / Response (Appeal Notice, Brief, Reply Brief) Petition to Convert a Provisional Application After Final Proprietary Information Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Address Status Letter Extension of Time Request Other Enclosure(s) Terminal Disclaimer (please identify below): **Express Abandonment Request** Request for Refund Return Receipt Postcard Information Disclosure Statement PTO/SB/08 CD, Number of CD(s) Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Remarks Basic Filing Fee Declaration/POA Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Paul A. Mendonsa, Reg. No. 42,879 Individual name ŒŁY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature Date March 30, 2004 CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Deborah L. Higham Date March 30, 2004

Signature



ferFANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known							
Application Number	10/033,590						
Filing Date	December 27, 2001						
First Named Inventor	Jun Su						
Examiner Name	Mai Huong C. Tran						
Art Unit	2818						
Attorney Docket No.	42390P13376						

03/30/04

Date

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
☐ Check ☐ Credit card ☐ Money ☐ Other ☒ None	3. Al	ODITIO	NAL	FEES	S			
☐ Check ☐ Credit card ☐ Money ☐ Other ☑ None ☐ Deposit Account	Large	Entity	Sma	(I Entity	,			
	Fee	Fee	Fee	Fee				
Deposit Account 02-2666	Code	(\$)	Code	(\$)	Fee Description	Fee Paid		
Number Deposit	1051 1052	130 50	2051 2052	65 25	Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet.			
Account Blakely, Sokoloff, Taylor & Zafman LLP		130	2053	130	Non-English specification			
The Commissioner is authorized to(check all that apply)		2,520	1812	2,520	For filing a request for ex parte reexamination			
Charge fee(s) indicated below Credit any overpayments		920 *	1804	920 •	* Requesting publication of SIR prior to Examiner action			
Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. Charge fee(s) indicated below, except for the filling fee		1,840*	1805	1,840 *	* Requesting publication of SIR after Examiner action			
to the above-identified deposit account	1251	110	2251	55	Extension for reply within first month			
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month			
1. BASIC FILING FEE	1253	950	2253	475	Extension for reply within third month			
Large Entity Small Entity	1254	1,480	2254	740	Extension for reply within fourth month			
Fee Fee Fee Fee <u>Fee Description</u> Fee Paid Code (\$) Code (\$)	1255	1,210	2255	605	Extension for reply within fifth month			
	1404	330	2401	165	Notice of Appeal			
1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in support of an appeal			
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing			
1004 770 2004 385 Reissue filing fee	1451	1,510	2451	1,510	Petition to institute a public use proceeding			
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - unavoidable			
SUBTOTAL (1) (\$)	1453	1,330	2453	665	Petition to revive - unintentional			
(4)	1501	1,330	2501	665	Utility issue fee (or reissue)			
2. EXTRA CLAIM FEES _{Extra} Fee from	1502	480	2502	240	Design issue fee			
Ctaims below Fee Paid Total Claims 10 3d 0 7 18 00 = \$0.00	1503	640	2503	320	Plant issue fee			
Independent 10 - 30 = 0 A 18.00 \$0.00	1460	130	2460	130	Petitions to the Commissioner			
Claims 3 5 0 X 66.00 \$0.00	1807	50	1807	50	Prosessing fee under 37 CFR 1.17(q)			
Multiple Dependent =	1806	180	1806	180	Submission of Information Disclosure Stmt			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
Code (\$) Code (\$)	1809	770	1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))			
1202 18 2202 9 Claims in excess of 20	1810	770	2810	385	For each additional invention to be			
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple Dependent claim, if not paid	""				examined (37 CFR § 1.129(b))			
1203 290 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 **Reissue independent claims over original	1801	770	2801	385	Request for Continued Examination (RCE)			
patent	1802	900	1802	900	Request for expedited examination of a design application			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent	Other fe	e (specify)	•					
SUBTOTAL (2) (\$) 0.00	l., .	J		· P···				
**or number previously paid, if greater, For Reissues, see below	Reduce	d by Basic	: Hiling F	ee Paid	SUBTOTAL (3)			
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Paul A. Mendonsa		egistratio			12.879 Telephone (503) 684			

Signature